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ORIGINAL DEPARTMENT.

Lectures.

NEW YORK MEDICAL COLLEGE.

CASES IN PROF. JACOB'S CLINIC FOR DISEASES OF CHILDREN, WITH REMARKS.

Reported by C. C. Terry, M. D.

Pertussis.

D. A., æt. 10 months, had whooping-cough, when 2 months old. After the spasmodic character had nearly disappeared a troublesome cough continued. The father and mother of the child are both healthy. The patient is restless during the day, and feverish in the evening, and much wasted. The fact of pertussis being followed by such a condition led to the supposition that the case was one of subsequent bronchial catarrh or broncho-pneumonia.

On attempting the examination of the chest the child resisted vociferously, with great congestion of the veins of the head and neck, and gave occasion for the remark, that children bear auscultation better than percussion, and hence it is advisable to commence with auscultation.

It is sometimes better that the child should cry, for the lungs are thus nearly emptied or fully inflated, rendering everything abnormal in respiration more distinct.

At the same time one must be careful to percuss both sides in the same condition, either just after full inspiration or empty expiration, in which latter case dullness is more distinct.

Crying is of importance in auscultation because the resonance of the voice is a good index of the condition of the lung tissue around the open bronchial tubes. Infiltration of the lung tissue or compression of the bronchial tubes are conditions recognizable from the vocal resonance.

By using these precautions we are sometimes better satisfied with the result of the examination than when the child is quiet and breathing ordinarily.

On the left side there was slight dullness in the supra-spinata fossa, with dry râles in the corresponding lobe, indicating probably a chronic pneumonia in that lobe.

G. I., æt. 18 months, came first with a slight bronchitis. In a few days the cough became spasmodic with the peculiar whoop.

S. J. D., æt. 6 years, coughed all winter; had pertussis; still whoops occasionally. Sternum curved outward; rachitical deformity of the chest.

The first accurate description of whooping-cough as a distinct disease was given by BAILLOU, of Paris, in 1578.

VELASCUS DE THARANTA, who described the epidemic at Montpellier, and other writers about that time, describe a disease which they called coqueluche, the subsequent name of whooping-cough; but the disease which they mention was only influenza.

The earliest English writer who gave anything like an accurate account of pertussis was WILLIS, in 1664. He speaks of it as "Tussis puerorum convulsiva, regularly called *chincough*." He speaks of it as a common disease among children, epidemic, occurring mostly in the spring and fall, and remarks that the reason physicians knew so little of it was that old women and quacks were more often consulted than regular practitioners, and Dr. WESS says of it: "but as it is a disease which almost every old woman professes to cure, we might fairly expect not to be detained long with its study." Since WILLIS, every writer on diseases of children has mentioned this disease.

Pertussis is a disease found in all climates; but it is comparatively rare within the tropics, and unknown in the interior of Texas. It was first noticed in California, in 1846.

Co-extensive with its prevalence is the multitude of names under which it has been described and treated, all expressive of some peculiarity of its nature or treatment, and if its distressing phenomena cannot claim earnest attention, we must regard the excessive mortality among children and infants from the numerous and dangerous complications of this disease.

According to Dr. WATTS' table out of 1817 fatal cases of pertussis only 3 occurred in children of more than 10 years, while more than half the number died before reaching 2 years. Of 130 cases, observed by M. BLACHE, 106 occurred before the 7th year, and all before the 14th; and of 29 cases noted by RILLIET and BARTHEZ only 1 was after the 13th year.

Among the fatal diseases of all kinds pertussis holds a high proportion, being, according to Dr. CONDIE, in New York 1 in 64.7, in Philadelphia 1 in 63.4; and according to European statistics the proportion is still higher, being in Glasgow, according to Dr. GIBB as high as 1 in 18.6.

During the twenty years preceding 1827 the ratio of deaths from pertussis to deaths from all causes in Philadelphia is stated by Dr. EMERSON as 1 to 23.

From the large number of statistics collected from all countries we may state the proportion as 1 in 30.

This would be a fearful rate for a single disease, confined to the earliest years of life, if the cause of death were in all cases simple whooping-cough, but happily the deaths from pertussis proper are inconsiderable when compared with the mortality of its complications.

There seems to be an intimate connection between this disease and others of a zymotic character, since it usually precedes or follows an epidemic of measles.

It has the peculiarity in common with some of the eruptive diseases that it generally occurs but once in a lifetime, and as it usually follows the first exposure, we find as we should expect that it occurs mostly in early life.

Dr. JOHNSON saw a case of a child 3 weeks old; Dr. HOOD mentions the case of a child 2 weeks old; and Dr. WATSON relates that his bedmaker's daughter, in Cambridge, had a child ill with whooping-cough in the house during the last weeks of another pregnancy, and the new comer whooped the first day he came into the world.

On the other hand EBERLE mentions two cases occurring after fifty years, and HEBERDEN saw one case in a woman of 70 and another in a man of 80 years.

Pertussis has undoubtedly occurred more than once in the same individual. Cases have been reported where it occurred as many as three times in the same individual.

The diagnostic symptom of whooping-cough is a suffocative convulsive cough made up of a number of short expirations, so forcible and succeeding each other with such rapidity that the lungs are emptied in a great degree of air, and when at length the child draws breath with a long, loud, sonorous inspiration there occurs the peculiar whoop which is unmistakable and inimitable, from which the disease takes its name.

Many authors divide this disease into three stages or periods, the catarrhal, the spasmodic, and the decline. Others, among whom are CHURCHILL, WEST, and CONDIE, are content with two, and this seems the most rational division, since the period of decline is simply the termination of the second or spasmodic stage.

Pertussis usually begins with a mild catarrh seldom so severe as that preceding measles, and scarcely distinguishable from the catarrh of an ordinary cold.

In some cases the catarrhal phenomena have been altogether absent, the first warning being the peculiar whoop. M. BLACHE mentions such a case, the child of his colleague, who on the evening of the second day after exposure had a shrill spasmodic cough which continued more than two months, with none of the symptoms usual in the first stage, but this could be called a case of pertussis only after every doubt of laryngeal catarrh was removed.

On the other hand Dr. WARR, Dr. ROX, and other writers have reported cases in which the spasmodic character of the disease was scarcely at all developed.

Dr. CULLEN says: "I have had instances of a disease which, though evidently arising from the chin-cough contagion, never put on any other form than that of a common catarrh," and Prof. JACOBI has recorded many similar cases.

In well-marked cases of pertussis the child is languid, restless and feverish; the appetite becomes feeble and capricious, while sneezing, slight redness of the conjunctivæ with epiphora, and increased secretion of mucus from the membrane lining the nose, indicate considerable congestion of the surfaces engaged.

As the spasmodic character of the disease appears these symptoms diminish.

During each paroxysm of the cough the child's face becomes red or sometimes fairly purple, the eyes stare, and the whole frame is shaken.

Each fit of coughing is made up of a number of short hurried expirations, so forcible and succeeding each other with such rapidity that the lungs are nearly emptied and the child is brought to the verge of suffocation. At last a long, loud inspiration relieves the intense distress, and the attack terminates with the expectoration of glairy mucus, or retching, or actual vomiting; frequently the paroxysm is several times repeated before the child regains quiet.

Echymosis of the conjunctivæ sometimes occur, the consequence of the intense congestion.

The average duration of the catarrhal stage is about 12 days; the second stage to the termination of the disease is frequently three months.

Unusual protraction of the second stage usually occurs at the beginning or near the close of an epidemic of the disease.

If auscultation be practiced during the paroxysm of coughing all within the chest is silent save the quick sounds of the heart. During the slight intervals we may sometimes hear a sibilant rale. The prolonged sonorous inspiration appears to take place solely in the larynx and trachea; neither the bronchial or pulmonary respiratory sound is then heard even in those parts of the lungs which before and after the paroxysm yield the puerile respiratory sound.

Pertussis when uncomplicated is usually not a dangerous disease, although the child may die in simple whooping-cough from the intensity of the kinks, it may in fact be suffocated.

The pathology of simple pertussis, as developed after death by asphyxia or exhaustion, consists in a grayish watery mucus mixed with minute bubbles of air, and mostly confined to the smaller branches and minute ramifications of the bronchial tubes.

The mucous lining of the larger bronchi and small tubes varies in color from a well marked drab to a darkish red. The muscular fibres of the bronchi are hypertrophied, and the tubes themselves frequently dilated. Sometimes fibrous clots are found in the right ventricle of the heart, but not constantly. Nearly always there is slight congestion of the pleura and minute blood vessels surrounding the medulla oblongata and origin of the nerves arising from it.

There is sometimes a considerable enlargement of the bronchial glands and glandulæ concatenate near the trachea. Various authors, in attempting to find the cause of this disease, have enumerated a number of pathological appearances.

Some affirm it to be simply a spasmodic disease, and certainly they might upon its principal characteristic, which is clonical spasm of the diaphragm with spasmodic narrowing of the smaller respiratory tubes in mild cases, in severe cases sometimes with symptoms of paralysis of the dilators of the rima glottidis.

Others have referred to the medulla oblongata, pneumogastric and phrenic nerves, and have shown small extravasations and exudations about them, probably consecutive.

TROUSSEAU calls it a specific bronchitis, while LÄSCHNER calls it a descending and capillary bronchitis; GENDIN supposed it to commence with pharyngitis, and its paroxysmal character to be caused by the irritation of secretion falling into the larynx. RILLIET and BARTHEZ consider it a zymotic disease generally. LEE thought it arose from a contagion similar to measles, and some modern authors speak of it as a catarrh of the fossa Morgagni. The opinion of TROUSSEAU is probably the best.

The peculiar symptoms not observed in ordinary bronchitis may arise from some epidemic influence; in like manner we may observe the present epidemic form of cerebro-spinal meningitis with the peculiar symptoms not observed in the ordinary cerebro-spinal meningitis.

The pathology of pertussis when complicated varies with the nature of the complications and these are numerous and dangerous. Among them we may mention bronchitis, bronchiectasia, atelectasis, emphysema, pneumonia, pleurisy, hydrocephalus, apoplexy, and severe convulsions in consequence of congestion. Many of these latter cases prove fatal. A patient in the Nursery and Child's Hospital had from 20 to 30 convulsions every day, concurrent with the paroxysms of coughing. As consequences we may find anasarca in cases of scrofula and tuberculosis.

The gastric and intestinal troubles are only accidental, but there may be deafness, apoplexy of the retina and sometimes of the choroidea.

In the treatment of pertussis complicated with other diseases the nature of the complication will modify the indications accordingly; but in simple pertussis the indication is two-fold: 1st, to keep it simple pertussis; 2d, to mitigate the paroxysms and as far as possible to shorten the duration of the disease. In the first case was ordered:

R, Ext. belladon. alcohol. gr. vj
Potassii Iodidi 3j
Aque f3iv M.

Sig. Teaspoonful three times a day.

The iodide of potassium was given with the view to remove the pneumonic infiltration; the belladonna was intended to subdue the remaining spasmodic character of the cough.

In the second case small doses of quinine were given, and when the pertussis developed, $\frac{1}{4}$ gr. of the alcoholic extract of belladonna was given three times a day.

The third patient also received the belladonna.

In the German Dispensary pertussis is treated by belladonna.

In the case of consecutive convulsions mentioned above, as occurring in the Child's Hospital, chloroform was used with complete success in curing the convulsions in five days. Chloroform is of much benefit in the ordinary paroxysms where there are no convulsions.

Change of air, warm clothing and pure air are to be sought. Experience and experiments have proved that carbonic acid is highly injurious.

A writer in the *London Lancet*, for 1864, p. 66, recommends very highly bromide of ammonium in daily doses of six to eight grains. It has been used considerably with marked benefit in one of the English hospitals.

But the most powerful remedy in whooping-cough is belladonna. Prof. JACOB, from the results of several years' use of this article, believes that in every case the duration of the disease was materially abridged, and its severity in most cases mitigated.

The effect of the medicine is generally not a sudden one, indeed in some cases the patients will be worse for a few days after the commencement of the belladonna, but very soon a rapid and sensible improvement commences, and progresses to a speedy termination of the disease, sometimes in a few weeks only. Belladonna is by no means a new remedy in the treatment of pertussis, but physicians were too cautious in its use and thus seldom experienced any satisfaction from it.

The dose was too small through fear of its poisonous effects. To obtain a cure in whooping-cough the remedy must be given in a dose sufficient to produce a slight degree of erythema, or at least a flushed condition of the face, and, as it were, a feverish appearance after each dose of belladonna.

The dose is to be gradually increased until these effects are observed. Young infants may take relatively very large doses. From half a grain of the alcoholic extract upward to several grains may be required daily.

How a Clergyman Cured his Appetite for Tobacco.

I had a deep well of very cold water, and whenever the evil appetite craved indulgence, I resorted immediately to fresh drawn water. Of this I drank what I desired, and then continued to hold water in my mouth, throwing and taking in successive mouthfuls, until the craving ceased. By a faithful adherence to this practice for about a month, *I was cured*: and from that time to this have been entirely free from any appetite for tobacco.

Communications.

Hypodermic Medication.

[In response to an inquiry in a late number of the REPORTER in regard to hypodermic medication, we have received the two following interesting communications. We trust that both gentlemen will give us further notes of their experience in this method of applying remedies.—ED. MED. & SURG. REPORTER.]

EDITOR MED. AND SURG. REPORTER :

I observed a note in the REPORTER of June 4, inquiring if any of your readers have had any experience with a solution of atropia as a hypodermic injection in superficial neuralgia, and if so, in what strength do they employ it?

I use a solution of atropia, gr. 2, to f5j of distilled water, and inject from 10 to 30 drops into the cellular tissue.

I will give you my experience with this mode of medication in one case, (and more if you wish.)

Mrs. B., aged 50, has suffered much of the time for a number of years with tic doreux of the infra-orbitary nerve; she had been treated by a number of physicians. I have treated her for a year or more with but little apparent benefit; she had tested many remedies and had no confidence in any. February 18, 1863, she had a severe attack, and after trying a number of remedies with little or no effect, I determined to test the atropia hypodermically.

February 20, I injected twenty drops of the solution of atropia into the cellular tissue of the right arm. She was free from pain in fifteen minutes, the pupil was enlarged, producing partial blindness, with slight delirium.

February 22, has nearly recovered from the effect of the atropia; has had no return of pain. February 22, 1864, has not had an attack of neuralgia during the last year. She has the utmost confidence in the remedy, and says if the neuralgia ever returns she shall insist on testing it again.

I have been treating neuralgia and rheumatism by the hypodermic injection of morphia and atropia for the last three or four years. I have one patient who took morphia by this method twice a day, for six months, and got well; and another who took it one year, and got well. I will refer your readers to Braithwaite's Retrospect, vol. 41, page 60, for some cases treated by the hypodermic injection of atropia.

W. L. APPLEY, M. D.

CORNETON, N. Y., July, 1864.

EDITOR MED. AND SURG. REPORTER :

In the number of the REPORTER for June 4, Dr. C. B. GILBERT, of Detroit, expresses his high gratification with the effect of hypodermic injections of morphia, in cases of neuralgia, and for the excruciating pain attendant on rheumatism of the joints, and inquires about the effects of atropia in superficial neuralgia. I concur fully with him in regard to the utility of subcutaneous injections of morphia, and rely much on them for the safe, speedy, and effectual relief of neuralgic pains. In severe colic and cholera morbus they are highly serviceable, especially in the latter where the nausea is excessive and the vomiting embarrasses the giving of remedies by the stomach. It requires less morphia, relieves in less time, and leaves the patient in a more comfortable condition on the subsidence of the disease. Severe hemicrania I have often relieved by it, promptly, and sometimes permanently.

Sulphate of atropia I have used in some half-a-dozen cases with varied success. In a case of facial neuralgia it relieved permanently, in one of sciatica also worked satisfactorily, relieving promptly an attack which has not recurred since, (a period of two months). The individual had been previously relieved by the injection of morphia, but suffered inordinately from subsequent narcosis. The atropia left him in a comfortable condition to pursue his business the next day. My experience with the article leads me to the conclusion that it may be applicable where opiates are contra-indicated. It should also be used with great caution and exactness in quantity. I dissolve a grain in a drachm of pure water, and find five or six drops ample. Ten drops and over I have in several cases found produces uncomfortable vertigo, coma, intoxication, spasms, also frequent painful micturition, and excessive dryness of the throat, lasting twelve or eighteen hours. Its applicability needs to be further studied and defined.

If the above will be of any aid to Dr. Gilbert or others, it will gratify me.

A. CHAPIN, M. D.

WINCHESTER, MASS., July, 1864.

Severe Operation on Dr. Chambers of London.

Dr. T. K. CHAMBERS of St. Mary's Hospital, London, has had his leg amputated by Mr. PAGET. It appears that he was suffering from popliteal aneurism for exactly ten days; on the 11th day it burst, and in spite of compression, kept upon the artery, by a relay of medical students, the leg became filled with extravasated blood; it was amputated at six P. M. the same day.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
June 22, 1864.

SURGICAL CLINIC OF PROF. S. D. GROSS, M. D.

Reported by Dr. W. H. Lathrop

Nævus.

A. C., aged 11 months, has a nævus on the lobe of the left ear. It is transfixed with three pins and strangulated by ligatures. The supply of blood is thus cut off from it and it sloughs away. It is caused chiefly by an enlargement of the veins of the skin and subcutaneous tissue. Excision is the best operation for nævus, if the parts admit of it, but not in the present case.

Talipes Varus.

J. B., aged two months, has club-foot, Talipes Varus, in both feet. There is here an elevation of the heel and of the inner edge of the foot, with eversion. It is caused by contraction of the gastrocnemius and soleus muscles. The tension is relieved by cutting the tendo Achillis subcutaneously with the tenotome. The operation is almost a bloodless one. There is, however, a possibility of wounding the posterior tibial artery which should be guarded against. Adhesive plaster is applied over the wound, and after a few days a shoe adapted to the purpose will be put on to keep the foot in place.

Tumors in the Neck.

C. J. M., aged 38 years, is laboring under an enlargement of the lymphatic ganglia of the neck. Two tumors can be distinctly felt. One is in the posterior triangle of the neck, which is bounded by the sterno-mastoid and trapezius muscles and the superior border of the clavicle. The other and smaller tumor is beneath the clavicular portion of the sterno-mastoid. The patient speaks of sharp pains, which are owing to the compression of the nerves of the brachial plexus. The subclavian vein and artery are also pressed upon by the tumors. The operation is a delicate one on account of the important structures surrounding the morbid growth. The knife is laid aside after the first incision, lest by using it either the external jugular or subclavian veins should be injured, or the subclavian artery or the brachial plexus of nerves. Particular care is necessary in all operations upon the neck to avoid opening the larger veins as air might thus be admitted and the patient die instantly. Some difficulty is experienced in detaching the tumor from its connections which are very strong. The diameter of the larger tumor is an inch and three quarters, and upon dissection bears distinct marks of melanosis. The other tumor is very much smaller and is easily removed by enucleation.

EDITORIAL DEPARTMENT.

Periscope.

Phosphates in Medical Decoctions and Infusions.

Some interesting experiments made by M. TERREIL show that in plants the phosphates exist in a more or less soluble form. If to a filtered infusion of mallows we add a slight excess of acid, or if the same be done to a decoction of taraxacum, the sides of the glass vessel containing the preparation will be found lined with the ammoniaco-magnesian phosphate. Even then all the phosphates are not precipitated, since, if we add sulphate of magnesia saturated by sal ammoniac to the filtered liquid a new deposit of the phosphatic salt will be seen. From this and similar experiments with many vegetable infusions, M. TERREIL concludes in the *Bull. de Therap.*, that the alleged superiority of infusion and decoctions in certain cases may be due to the influence of the phosphoric acid and its salts upon the general economy.

Ossification of Crystalline Lens.

Dr. HUNT presented a specimen of this kind to the College of Physicians (*Amer. Jour. Med. Sciences*) removed from a boy of sixteen, one of whose eyes had been disorganized from infancy, probably from an attack of purulent ophthalmia. At the time of attack, the sound eye was much disturbed with deep-seated supra-orbital pain. With changes of weather and condition of the general health there were frequent exacerbations of these symptoms. His natural abilities were good although his education had of course been interfered with. The diseased condition of the eye was evidently the cause of the disturbance in the normal organ. The anterior half of the globe comprising the cornea with the remnants in the ciliary processes and the diseased lens, were removed. The ball collapsed and recovery was rapid. Vision of the sound eye at once improved and in a short time was perfect. A properly adjusted artificial eye removed every trace of deformity.

Resemblance of Spotted Fever to certain European Epidemics.

In the Transactions of the College of Physicians (*Amer. Jour. Med. Sciences*) Dr. HENRY HARTSHORNE calls attention to points of similarity existing between the present "spotted fever" and an epidemic described by BOURN, occurring at several times and places throughout Europe. By the French authors it was known as the "méningite cérébro-spinale épidémique" by the Germans as "cerebral typhus," and by the Italians "tifo apoplettico tetanico." In 1568 something described by FAURIEL occurred

in Paris, but was first clearly recognized at Geneva in 1805; after which it was traced at several localities on the continent in 1806-7, 1813-14-15-16 and 1823. At Geneva "the characters described were: sudden attack in the night vomiting of green matter, cephalalgia, tetanic rigidity, difficulty of deglutition, convulsions, nocturnal exacerbations, petechiæ, death occurring after from twelve hours to five days of illness." At Grenoble in 1814 one variety was observed with and another without tetanus. The epidemics broke out in garrisons, regiments, and sometimes among galley-slaves. The largest proportions of cases occurred in February, January, and December, the smallest in August and September. In many instances autopsy revealed no lesion, while in others, serous inflammations, especially cerebro-spinal, was found proceeding in some cases to the formation of pus. At Rochefort in 1834 of 222 ill, 174 died; in Naples, 1841, of 218, 102 died. Boudin relied only upon opium in full doses (fifty centigrammes to one gramme) repeated in fractional quantities. An opiate sleep was often followed by convalescence. He defined the treatment as "opposing a medicinal to a morbid diathesis."

Dr. HARTSHORNE wished to point out the resemblance of the general symptoms to our "spotted fever," but especially the association of the epidemic with the circumstances of war. Also the preference evinced by Boudin and others for the designation "cerebral typhus" and "cerebro-spinal meningitis." The strongly pronounced opinion of Boudin in favor of opiate treatment based, as it was, upon extensive personal experience should receive the attention of the profession.

Reviews and Book Notices.

Principles and Practice of Obstetrics. By HUGH L. HODGE, M. D., late Professor of Midwifery, etc., in the University of Pennsylvania. One large quarto volume, with one hundred and fifty-nine lithographic figures from original photographs, and numerous wood-cuts. Philadelphia: Blanchard & Lea, 1864. Price, \$13.

(Concluded from page 334.)

Of the management of pregnant women our author gives directions based upon eminently scientific and thoroughly practical deductions, the value of which must be apparent to every experienced practitioner. The following course of practice has by him been very generally adopted for many years past. He says, "Ordinarily toward the last weeks of gestation, we diminish the nutritious character of the diet, often removing entirely the use of animal food, abstaining from tonics and stimulants, and paying great attention to promote the various secretory functions. If these measures be not sufficient, and any urgent symptoms be present, we have unhesitatingly resorted to direct depletion with the lancet. The cases have been compara-

tively very rare where we have thought it requisite or safe to administer even the milder tonics during the latter months of pregnancy. There are cases in which tonics and even stimulants may be required; but certainly their influence should be well watched, for fear of congestion of the brain and their terrible consequences, which might be suddenly developed."

Upon the subject of labor the first question which our author discusses is that of the *causes* of labor. Of all the varied speculations of ancient and modern authors, none are sufficiently sound to bear the test of his rigid philosophy and thus, after the most thorough discussion of this subject he concludes that "all attempts to discover the natural determining or exciting cause of labor, have signally failed. It is an ultimate fact, that at the end of the tenth lunar month after fecundation, labor in the human female will occur. It is a generic law."

Treating of the mechanism of labor our author is quite as elaborate as he ever was in his oral teachings, whilst the illustrations in this portion of the work are in every respect worthy the subject represented and the peculiar interest always manifested by him in this branch of obstetric science. Upon the subject of presentations and the division of labors, Dr. Hodge agrees with Velpeau who makes a grand distinction between normal and abnormal simple or complicated labors; also dividing eutocia or simple labor into vertical and coccygeal presentations. Our author concludes this subject by expressing regrets that "more unanimity among teachers does not exist on this point. Regarding the descent, rotation and extension of the fetal head in its passage through the inferior strait, our author is entirely opposed to the teachings of M. Naglé who claims that the rotatory motion of the child's head is never completed until its birth. This theory is disposed of in the following manner, "The mistake, as we consider it, of M. Naglé has arisen from the fact that he examined the direction of the sagittal suture before the head had fairly entered the strait, and also that he advises this examination to be made during the interval of a pain, instead of *during a pain*, or at the time at which the parietal protuberances actually passed the tubers of the ischia." Indeed the whole treatment of the subject of labor by Dr. Hodge is most elaborate and well worthy the careful consideration of all who are interested in this branch of practice. The chapter upon the treatment of labor is most complete—giving the fullest instruction in the plainest manner, whilst the observations upon the various physiological and anatomical condition demanding either acceleration or retardation—by means of encouraging or discouraging the patient in her voluntary efforts at the time of the expulsion of the head, are of especial value to the inexperienced practitioner.

Manual operations are most admirably discussed by our author whose conclusions are worthy the retention of all practitioners as by a thorough knowledge upon this subject can the obstetrician alone save his patient many a wearisome hour and at the same time spare her the shock and perhaps extra suffering of being sub-

jected to instrumental aid. Coming to the subject of instrumental measures the means employed are divided under four heads as follows: The fillet, blunt hook, vectis or lever and the forceps. Whilst the French, or long forceps, are under no circumstances objectionable, the application at the inferior strait is acknowledged to be practicable with *any* instrument, providing the accoucheur's hand be well skilled. He concludes that "Notwithstanding these allowances we must give a decided preference to the French or long over the English or short forceps. One important reason for this opinion is, that it is adapted to every emergency, equally applicable, whether the head be at the inferior or the superior strait, or in the cavity of the pelvis. Hence there is no necessity for the practitioner to accustom himself to different instruments." By the modifications made by Dr. Hodge in the forceps of Baudelocque the following defects are avoided.

First, Its unnecessary weight.

Second, The pelvic curve is not sufficiently great. Hence when the head is high in the pelvis, the perineum will be too much pressed upon, or else the blade will be applied to the occipito-frontal, instead of the occipito-mental diameter.

Third, The divergency of the blades, commencing at the joint, must necessarily distend the vulva, prematurely, and thus give pain and endanger the laceration of the perineum.

Fourth, The small size and kite-like shape of the fenestræ prevents any portion of the cranium projecting into the openings; hence the hold on the head is less firm, and space is occupied by the blades, the thickness of which is added to the transverse diameter of the head.

Fifth, The flatness of the internal or cephalic surface of the blades is such that the margin of the fenestræ, often measuring three lines, is much thicker than the external edge of the blade, and increases the space occupied by the instrument. Hence, in cases of difficulty where compression is employed, contusion or even wounding of the scalp results.

Sixth, The lock of the French forceps is decidedly inferior to the English or German mode. These disadvantages the author has endeavored to obviate, without diminishing or circumscribing the utility of this most valuable instrument to which the profession and the public have been so much indebted."

Upon the subject of compression our author gives new and wholesome advice. He thus concludes his remarks. "How far this compression may be carried with safety to the infant, is a question of great interest; but the solution of it cannot have much influence on our practice, inasmuch as we must be regulated not so much by the idea how much compression can be borne with impunity, but how much is absolutely demanded to accomplish the delivery; for, of course, no more pressure should be made than what is essential for delivery."

The subjects of embryotomy and gastro-hysterotomy receive in successive chapters most elaborate descriptions, after which the question of the operation for the induction of premature

labor is discussed, the operation being defended with incontrovertible arguments, the question being determined by its medical and surgical rather than its moral relations. He says—"it seems wonderful that any question as to its morality should have been discussed. The question is not whether the practitioner was to determine the life or death of the child in utero, where the mother's pelvis is deformed, but what was the best means of delivering her and the child from existing danger; in other words whether the parent and her infant would be safer by the induction of premature labor or by resorting to gastro-hysterotomy, symphyseotomy or embryotomy. This reduces the question to one of ordinary medical or surgical consultation, where the welfare of the patient is involved in the decision of the practitioner. It is a choice of evils, and the obstetrician is in duty bound to choose the least for his patient. This is not a question therefore of morality, any more than any other question presented for professional decision. It is one for the exercise of a sound discretion, under a full knowledge of all the circumstances involved and of the existing danger to the mother and her child; and, certainly the decision in favor of the induction of premature labor in cases to which it is suited must be readily and cheerfully rendered."

The subject of dystocia occupies the remaining portion of the work; the principal division or classification being between such cases as result from foetal or maternal causes.

Upon the subject of anaesthetics Dr. Hodge gives the results of much thought and extended experience. Whilst advocating their employment in cases of more or less complication he does not approve of their use in normal labors, and having given the subject most careful consideration he throws his entire influence in favor of the use of ether as opposed to chloroform arguing that inasmuch as the administration of chloroform has in some instances resulted fatally whilst in no single instance has death followed as a cause of the employment of ether, a preference should invariably be given to ether.—Quoting from Dr. Meigs, "What comfort can any practitioner receive who is so unfortunate as to have a patient die under the influence of chloroform administered for the relief of pain?"

This work of Dr. Hodge's is replete with sound logic and practical conclusions; the illustrations are far in advance of all previously afforded obstetrical plates, giving to the descriptions a degree of accuracy and clearness never before attained. Indeed, the entire work is one of which the profession may have just cause of pride, and to which the eager student of few or many years' experience may turn with perfect confidence of finding the most complete resumé with the most common sense deductions, upon all controverted topics. And for the author we trust that a consciousness of having left a faithful record of his useful life will add much to the comfort of his declining years; and when called upon to give the account of his stewardship it may be said, "Well done, good and faithful servant."

E. A. S

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JULY 9, 1864.

"THE SITUATION."

While aiming to avoid as much as possible the occupation of space in our editorial pages on business topics, it is necessary sometimes to do so. In our publisher's column, on several occasions, we have adverted to the greatly enhanced cost of publication. The prices of material and labor are enormous, and continue to increase. The effect is shown in the increased cost of books, newspapers and journals. Our cotemporary, the *American Medical Times*, has increased its subscription price to \$5 per annum, without any increase of size. Other journals and newspapers are raising their subscription prices. We have raised the subscription price of the *REPORTER* to \$4, but increased its size considerably. Our present subscription list will sustain us even at present prices, and enable us to carry out the very liberal arrangements we have made for the literary department of the work, *provided our subscribers will be prompt in responding to our calls on them for money when due, and exert themselves to extend our circulation; otherwise we must either advance our subscription rate to \$5, or take a step backward again in respect to size.*

We will make a frank statement of the case, so that subscribers can see just what we have to do, and what we look to them for. The bill for white paper for our regular weekly edition last week, was \$74.25, the printer's bill was nearly as much, making nearly one hundred and fifty-dollars a week for paper and printing alone. These bills are more than a third larger than last January's rates. Added to that, are our office expenses, which are very heavy and have been much increased of late, and a large outlay for literary material. On account of the latter item alone, it is our expectation to expend during the year just commenced, at least *two thousand dollars*. Now, it will be very easy for subscribers to estimate our probable weekly cash demands. They will be found to be enormous. Still we have a subscription list that, as we said before, will sustain us, and do it well, *provided, only, subscribers are prompt in forwarding their subscriptions, and use reasonable exertions to extend our circulation.* Let our readers look at the late issues of the *REPORTER* and ask themselves if the amount, variety and practical character of the reading matter they

contain is not of sufficient importance to them to make it their interest to sustain us on our present footing.

The dark clouds that overhang our country, will disperse ere long. The exercise of a little more faith, patience and perseverance will be rewarded by returning prosperity, and the possession by the medical profession of America of a hebdomadal, untrammelled by outside connections and private interests, that will be alike useful to them and creditable to the country.

LONG ISLAND COLLEGE HOSPITAL.—
COMMENCEMENT.

The sixth anniversary and commencement of the Long Island College Hospital came off on Friday evening, July 1st, at the Athenæum, Brooklyn, in the presence of a large and intelligent audience. The exercises were opened with prayer by Rev. FRANCIS VINTON, D. D.

The degree of M. D. was then formally conferred by the President of the College, T. L. MASON, M. D., on thirty-seven graduates, as follows:—

W. H. Sanders, G. F. Wilbur, Chas. Rahter, N. R. Simmons, B. M. Keeney, W. F. Smoot, G. A. Harrel, C. C. Norman, T. Haight, J. S. Conklin, W. R. Taylor, J. F. Schackerly, J. S. Dorset, W. Kempston, R. M. Booth, S. H. Mellroy, R. D. Adams, L. L. Swan, J. S. Wight, Albert Gilliam, W. L. Henderson, M. A. Bogie, J. E. Woods, L. E. Johnson, A. B. Kinne, W. B. Halleck, J. H. Comfort, Edwin Hillyer, S. C. Johnson, E. L. Griggs, O. C. Sparrow, W. W. McCoy, C. H. King, W. F. Davis, F. H. Colton, H. J. Raiton, G. F. Ayling.

The Faculty address to the graduates was delivered by J. C. HUTCHINSON, M. D., Professor of Surgery. It was an able effort. On the subject of the attachment of Medical Schools to hospitals, a plan which has been constantly advocated in this journal for many years past, and which we are happy to observe, is growing in favor, Dr. HUTCHINSON speaks as follows:

The deep sense of the importance of the most practical medical education induced the founders of this institution to unite under one roof a hospital and a medical school, where the great end of benefiting the sick might be accompanied by the not less useful object of the instruction of the medical student. Your Alma Mater, gentlemen, was the pioneer in our country of this method of medical instruction. Our friends across the river have followed in our wake, and the success which has marked the history of Bellevue Hospital Medical College from its commencement is an index that the profession throughout the country appreciate the value of such medical instruction as can only be given by the union of a hospital and a medical school.

The following excellent remarks on the social and moral influence of the physician are timely and worth reproduction here:—

The physician may often minister to the diffusion of knowledge without at all wandering from his proper course. He is regarded by his acquaintances as a sort of counsellor, and as more likely to be impartial and disinterested than another. His opinions as to the importance and necessity of particular modes of education, and the comparative value of particular branches of learning, may have the most admirable influence; and these opinions he can only give correctly by previously qualifying himself to examine their relative worth.

Here let my counsels enter a field more serious and more interesting than the enchanted ground of science or literature. It is the pride and glory of our profession that while we are healing the bodies of men we are incidentally brought into contact with individuals and families in such a way as to interest their affections, and we, more than any other class, share with the sacred office the highest advantages for promoting the spiritual well-being of men. But the physician cannot exercise the influence of a good man without *being* a good man. He cannot banish bad moral influences without being himself personally averse to them.

A cunning conformity of the peculiarities of men possessing the most opposite moral characters may seem to be advantageous, but when it is well understood that you are acting a part you will lose the confidence of one of the parties—but, what is worse for you, that party will be the good. Your friendships will be formed by your moral affinities. If these be corrupt, though you have a degree of success arising from extraordinary talent, you will accomplish far less than you might have done if you had added to such talents the character of a good man. No artful management, no trick can prevent your character from developing itself truly. There is nothing covered that shall not be revealed, nothing secret that shall not be known and come abroad. You must form your character on *bona fide* good principle, or you cannot exert a powerful moral influence on others. If you would use this means of cure, you must first possess the requisite moral qualities. You must heal yourself. What can be more deeply interesting to the head of a family than the morals of his medical adviser; his companion to whom he confides his most secret thoughts; whose office admits him to the unreserved conversations, the most private recess of his house; on whom his hopes rest in the darkest and most anxious moments of his life, when he is counting every moment as if it were the last of his happy prospects in the world. If, too, one is living for fame, for earthly honor after he is dead, surely he should be a religious man.

Be not afraid of your fame if it has this noble basis. The character of a truly good physician is one of surpassing excellence. He is the friend of the wretched, the cheerer of the despondent, the solacer of the broken-hearted.

Wherever the afflicted dwell, wherever the voice of suffering is heard, he is to be found. Even when hopes of life can no longer be given he calms the grief of relatives by recalling their thoughts to that better world where sickness and sorrow are to be no more—"where the wicked cease from troubling and the weary are at rest."

We might, profitably quote more from Dr. HUTCHINSON's excellent address, but for want of space, we close with the following very sensible advice regarding the ethical relations of physicians, and the necessity of cultivating the good-will and esteem of fellow practitioners.

Next to an acquaintance with the principles of the profession and correct moral feeling as a means of success, I would urge upon you the importance of securing the good wishes and esteem of your professional brethren—not merely by observing rigidly the code of ethics, but "by doing unto them in all things as you would have them do unto you." I say it deliberately, that no man can attain a permanent success and reputation in our profession without the good will of his professional brethren. The man who habitually disregards the ethics of the profession may by great intellectual exertion or by accident obtain a popular reputation, and receive the clamorous plaudit of the deceived or ignorant crowd. But such a fame, although it may at first appear bright and dazzling, is like the phosphorescent gleam hovering over putrefying substances, compared with the intense, steady, and sunlit ray of that fame which is built upon the solid basis of usefulness and genuine worth.

The valedictory, by Mr. O. C. SPARROW, Ph. D. of the graduating class was a remarkably fine literary effort, replete with classical allusions and abounding with excellent counsel and advice to his fellow graduates. It evinces a clear head, bright intellect, sound principles and a well-balanced mind.

The following statements by the President, Dr. MASON, will give some idea of the hospital and dispensary work performed by the institution, and its present financial condition:—

During the six years in which the hospital has been established it has relieved over forty thousand patients, of whom, during the year past it has cared for one thousand in-door patients, as many more out-door, and has been forced to refuse many on account of a want of funds. While doing all this, the college is out of debt for current expenses, their permanent debt has been reduced from \$32,000 to \$21,000 and at the same time \$5,000 have been expended for furniture, repairs, alterations, and improvements in their buildings, making altogether \$16,000 paid. The only debt remaining, for which provision had not been made up to May 1st, 1864, is the \$21,000 secured by mortgage, and toward the payment of this \$18,000 have been subscribed, on condition that the whole shall be raised within a reasonable time.

Rev. A. A. WILLETS, D. D., formerly of this city, delivered an eloquent address, and made an urgent appeal on behalf of the College.

It is not improper, in this connection, to note the following presentations by the graduating class:

To Dr. GILFILLAN, the following resolution:

Resolved, That we, the undersigned, students of the Long Island College Hospital, hereby tender to Wm. GILFILLAN, M. D., Professor of Therapeutics and Materia Medica in the Long Island College Hospital, our sincere thanks for the clear, definitive, and instructive manner in which he has discussed and presented the facts and principles of Therapeutics and Materia Medica during the present session.

To E. N. CHAPMAN, M. D., Professor of Obstetrics, etc., was presented an elegant and substantial gold chain.

This college has a very able Faculty, and we know of no reason why it should not be one of the most successful institutions in the country. The following are the Council and Faculties.

Council.—T. L. Mason, M. D., President; Wm. H. Dudley, M. D., Registrar; C. L. Mitchell, M. D., Secretary; J. H. Henry, M. D.

Faculty of the College.—Austin Flint, M. D., Professor of Practical Medicine and Pathology; Frank H. Hamilton, M. D., Professor of Military Surgery, Hygiene, Fractures, and Dislocations; Joseph C. Hutchinson, M. D., Professor of Surgery and Surgical Anatomy; Dewitt C. Enos, M. D., Professor of General and Descriptive Anatomy; Edwin N. Chapman, M. D., Professor of Obstetrics and Diseases of Women and Children and Clinical Midwifery; Austin Flint, Jr., M. D., Professor of Physiology and Microscopic Anatomy; Darwin G. Eaton, M. D., Professor of Chemistry and Toxicology; William Gilfillan, M. D., Professor of Therapeutics and Materia Medica; S. Fleet Speir, M. D., Demonstrator of Anatomy; Robert Newman, M. D., Prosector to Professor of Surgery.

Faculty of the Hospital.—Physicians—E. N. Chapman, M. D., A. Hallett, M. D., Surgeons D. A. Dodge, M. D., William Gilfillan, M. D., J. H. Hobart Burge, M. D.

Adjuncts.—C. H. Murphy, M. D., J. P. Colgan, M. D., J. M. Allen, M. D.

JEFFERSON MEDICAL COLLEGE.

The vacancy in the chair of chemistry in this college, occasioned by the death of the late Dr. FRANKLIN BACHE, has been filled by the election Dr. B. HOWARD RAND, of this city. This is a very excellent appointment. Dr. RAND has been long known in this city as an enthusiastic and intelligent chemist. He has had a good deal of experience in teaching chemistry, having been Professor of that branch of science in the late Pennsylvania Medical College. He has lately been connected with the Boy's High School in this city. Dr. RAND is an excellent lecturer, and he will be quite an acquisition to the Faculty of the Jefferson Medical College.

Notes and Comments.

Philadelphia School of Anatomy.

At a meeting of the class attendant upon Dr. JAS. E. GARRETSON'S Lectures on Anatomy and Operative Surgery, held at the lecture room of the Philadelphia School of Anatomy, Friday evening, July 1, 1864.

P. MICHAEL BRENNAN, of Canada, was called to the chair, and CHAS. DUERSON, of Kentucky, appointed Secretary.

The following resolutions were unanimously adopted:—

Resolved, That we have listened with pleasure and interest to the course of lectures delivered by Dr. GARRETSON, and now brought to a close, and that we deem it an act of justice to him and the medical students of Philadelphia to express our entire confidence in his ability, and the manner of illustrating his subject, which is couched in such beautiful, as well as perspicuous language, that the most inattentive student cannot fail to listen with pleasure and profit.

Resolved, That a committee of two be appointed to tender to Dr. GARRETSON the thanks of the class, for his courtesy to the members in affording them every facility for obtaining information upon the subject of his lectures, and that he be requested to permit these resolutions to be published in the MEDICAL AND SURGICAL REPORTER.

P. MICHAEL BRENNAN, *Pres't.*

CHAS. DUERSON, *Sec'y.*

PHILADA., July 5, 1864.

DR. JAS. E. GARRETSON:—

DEAR SIR:—We, the undersigned, being the Committee appointed under the above resolutions, take pleasure in submitting them to your consideration, and trust they will meet with your acquiescence.

Very respectfully yours,

P. MICHAEL BRENNAN,

CHAS. DUERSON,

Com.

PHILADELPHIA SCHOOL OF ANATOMY,

July 5, 1864.

GENTLEMEN:—Your very kind, but certainly most undeserved complimentary resolutions have been received. Publish them if you think proper. One could not well deny such warm friends anything. I must try hard in my next course, to make myself, if possible, worthy of them.

Very truly yours,

JAS. E. GARRETSON.

To Messrs. BRENNAN and DUERSON, *Com.*

Honor Conferred.

Our gifted townsman, B. FRANK PALMER, Esq., the inventor of the celebrated and most complete artificial leg in use, has recently had the honorary degree of Doctor of Laws, conferred on him by the Western University of Pennsylvania.

Statistics of Births.

Dr. R. H. PATTERSON, of Stoyestown, Pa., sends us the following statistics of births that have occurred in his practice:

"Of the 598 children born under my observation, there were males 336, females 262. Twins, 11; males 16, females 6. Delivered with the forceps, 7; Turned, 4; Punctured the cranium, 4.

"The 304 births, of which an account was kept, occurred as follows:

	Male.	Female.	Total.
January.....	16	13	29
February.....	13	13	26
March.....	18	14	32
April.....	18	17	35
May.....	14	10	24
June.....	14	14	28
July.....	12	11	23
August.....	13	9	22
September.....	13	6	19
October.....	14	11	25
November.....	13	9	22
December.....	12	7	19
Total.....	170	134	304

By this table it would appear that April, March and January stand foremost as birth months, while September and December are the least productive."

Surgical Instruments constructed of Aluminum Bronze.

M. Morel-Lavalle has recently made a very favorable report to the Paris Society of Surgery upon a pocket-case of instruments fabricated by MM. Robert & Collin of aluminum bronze, consisting of ninety-five parts of copper and five of aluminum. All the instruments except the blades are made of this material, and they may advantageously replace silver in many cases, and in others iron or even steel. The alloy is not oxidizable, and preserves its brightness amidst the various agents it is brought in contact with in daily practice.

Iberis Amaris.

This, sometimes known as candytuft seed, is stated by Dr. WILKS in the *Medical Times and Gazette* to act as a purgative. Four or five grains of the pulverized seed made into a pill is said to act as an excellent cathartic. Some twenty cases have been treated, and its purgative properties appear to be well determined.

Correspondence.**FOREIGN.****LETTERS FROM Dr. W. N. COTE.**

PARIS, June 16, 1864.

The Microscope in Toxicology.

At this moment when the trial of Dr. LA POMERAIS is still fresh in our minds, an announcement is made that, after long researches, a medical doctor of Mayence, named HELLWIG, has succeeded, by his application of the microscope to toxicology, in discovering a method by which the smallest particles of digitaline, strychnine, and nicotine, after having been extracted from the blood or from the evacuations, may be crystallized and distinguished from each other.

Oblique Fractures of Lower Extremity.

At a meeting of the Academy of Medicine, Dr. BERENGER FÉRAUD, surgeon in the navy, read a paper on the cause of the accidents following oblique fractures of the inferior limbs. Professor Gosselin had in 1855, called the attention of the Société de Chirurgie to the gravity of those fractures—he endeavored to show that the accidents accompanying them are due to the maceration of the medulla producing by its contact with the air a sort of virus which poisons the economy. But this opinion, based upon vaguely defined and contestible theories, had not been accepted, and was refuted by Drs. BOINET, MOREL LAVALLÉE, HUGUIER, DENONVILLE, etc. In the discussion which followed the communication of the learned professor, an attempt was made to explain the accidents either by the form of the wound accompanying these fractures or by a particular idiosyncrasy. This question, however, still remained undecided. The object of Dr. BERENGER FÉRAUD's communication is to bring to an end an indecision which is an evil in the actual state of surgical science. He puts forward the proposition that the accidents following the fractures in V are caused by *traumatic arthritis*. His opinion is founded upon the following proofs: 1. The observations made by professor GOSSELIN and the examination of the anatomical pieces in the Depuytren Museum and in that of Val-de-Grace, show that in such fractures the articulation is always opened. 2. Fractures in V are never met with in children from the fact that the osseous fracture, instead of reaching the articulation, finds on its way the yet soft epiphysis, so that at that age the fracture in V cannot take place. 3. The

accidents which accompany oblique fractures, are identically the same as those characterizing traumatic arthritis. From this proposition Dr. BERANGER FÉRAUD draws the practical deduction that the fractures in V should henceforth be considered as requiring immediate amputation or at least resection when it is practicable, and he shows that experiments fully sanction the reality of his conclusion, since Drs. LEGONEST, BERTHERAND, and others have performed with success immediate amputation in cases of oblique fractures.

Extirpation of Osteo-Sarcomatous Tumor.

Dr. DOLBEAU communicates to the Société de Chirurgie an observation made by Dr. BOUYER, of Saintes, on an extirpation of osteo-sarcomatous tumor occupying the sub-maxillary and parotidian regions. With a view of diverting the current of blood during and after the operation, he tied up the carotid artery on the 31st May, 1860. Persistent hemispheric pains were the only accident resulting from this operation. It was but on the 13th June that the extirpation of the tumor was proposed by means of a crushing instrument. Three days after, the patient fell into a profound coma and died with the stertorous breathing usually accompanying cerebral hæmorrhage. No doubt the ill-success of the operation must be attributed to the ligature of the carotid, which of itself, and without any laceration of the face, would often be sufficient to produce death.

Electro-Galvanism in Stricture of Urethra.

Dr. TRIPIER recommends the use of the electro-galvanic current in the treatment of stricture of the urethra. Very little pain attends the application. After the urethra has been examined with a common plaster bougie, to ascertain the exact position of the stricture, a metallic sound, covered with gum elastic, and having a conical silver point, should be very gently introduced into the anterior part of the stricture, and then connected with the negative pole of the electro-galvanic machine, the positive pole being placed in the hand or elsewhere. The application should be made daily, using each time a larger instrument, and allowing the current to flow from ten to twenty minutes, according to the feelings of the patient. Eight or ten applications usually prove sufficient. This mode of treatment will be found of essential service in old neglected cases, when the urethra for some extent has become converted into a thick gristly cartilaginous mass. The case alluded to by Dr. TRIPIER was one of this nature. An in-

strument termed the urethromenelyte, has been expressly made for the application of the current to the stricture.

Hygiene of Railway Travelling.

Dr. DECAISURE in his *Guide Medical et Hygienique du Voyageur* makes the following remarks on the precautions to be taken in travelling by rail in a hygienic point of view. The first danger to be avoided is, according to our author, catching cold by rushing out heedlessly to the railway carriage, as most people do, the moment the doors are opened, in order to get a good place. The traveller gets in panting for breath and exposed to draught on all sides, which is extensively hurtful to the constitution. He recommends the traveller to take some slight refreshment beforehand, the external air inhaled in the morning, in the open country being too keen for a fasting stomach. He considers as a most hurtful habit that of rushing out from the carriage to the refreshment room the moment the train stops, in order to gobble up as fast as possible any quantity of food, no matter what, so as to be in time again for the start. According to our author, it is infinitely more advisable to select something very light, such as a basin of broth or a sandwich, that can be taken quietly and without any hurry; otherwise the digestive functions might be seriously disturbed, especially by the mechanical action of the train in motion, on the stomach filled with ill-masticated food. You are aware that certain English physicians have drawn a lamentable picture of the various diseases which may be contracted during railway travelling. Dr. DECAISURE does not subscribe to their opinion; on the contrary, he considers this mode of locomotion as exercising a favorable influence on the public health; the only real danger to be guarded against being colds from exposure to draught, and indigestions by hasty and immoderate meals.

Researches on Mucous Membrane of Uterus.

Dr. COURTY, member of the Académie des Sciences et Lettres de Montpellier, has been occupied for some time past in making researches on the regeneration of the mucous membrane of the uterus. It is well known that one of the most singular physiological facts ascertained is the property the mucous membrane of the uterus has of being regenerated. The discovery of that function is but recent. It was not known before the remarkable researches published by Dr. COSTE who first proved that the external membrane of the fœtus or of the egg, is formed by the mucous membrane of the uterus itself

which exfoliates and is regenerated at every gestation. Dr. COURT has given in his work on "*L'Œuf et son développement dans l'espece humaine*," published in 1845, most of the facts in support of this discovery. Since then, a close examination of the structure of the uterine mucous membrane and the caducal membrane has shown them to be identical. The facility with which they are regenerated explains the innocuity and efficacy of the introduction of a stick of nitrate of silver in the cavities of the uterine sack and the os uteri. The hypersecretions of the mucous membrane and its hypertrophy preserve it from the evil effects resulting from the employment of energetic agents.

"Association Fraternelle" of Medical Students in Paris.

The medical students have formed themselves into a society known under the name of "*Association fraternelle des élèves de la Faculté de Médecine de Paris*." This association comprises about seven hundred members, and seven thousand francs have been already subscribed. Its object is, not only for establishing more intimate relations between the students, but also for enabling them to discuss questions on medicine and surgery. It will no doubt have the effect of creating among the students an *esprit de corps*, which, in cases of unjust interference on the part of the government, might prove very serviceable. Let us hope that they will not abuse this privilege.

Death from Dissecting Wound.

I regret having to chronicle the death of M. COSTE, a distinguished pupil of the hospital in this city, who has just lost his life from a puncture received in an anatomical dissection.

W. N. CÔTE.

P. S.—Notwithstanding all the efforts made in behalf of Dr. COURT DE LA POMMERAIS, he has undergone the extreme penalty of the law.

DOMESTIC.

A "Scientific" Practitioner!

We have been often tempted to give our readers a specimen of the intelligence of a class of practitioners of medicine with which some portions of our country, particularly in the west, are cursed. We received several, of which the following is a fair sample, criticizing our remarks on Surgeon-General Hammond's celebrated order No. 6.

We would not take up the space occupied by the following letter, which is a *bona fide* one and published literally, did we not think that

good would result from it. The writer has taken a great deal of pains to show his ignorance and presumption. It is sad to think of such a fellow ministering to the sick and dying, and yet we have no doubt he is a graduate of a regularly chartered so-called medical school.

S. W. BUTLER, M. D.—Sir: Enclosed I send you one Dollar which is fifty cents more than my subscription for the Journal I should have continued my subscription but the Illiberal course which the Journal had Persued towards another Class of more liberal and Scientific Physicians has rendered it Disgusting to all Intelligent men but this is not the only cause for my Discontinuing it there is two much old hunkerism about it and not enough of science and I think you and all your readers will come to the same conclusion if you will Impartially look over the articles which have appeared in its Columns on Diptheria and spotted fever and note the Soal revolting mortality which has attended them where ever they have made their Desolating visitation No doubt much of the mortality should have been attributed to the Drugs and not to the disease for it is evident that two against one must come off predominant that is Boath the Disease and the medicine are inimical to Natures law Now let any sane Man whose mind is not entirely obscured by Prejudice or selfish motif ask him self whether it would not be Irrational to expect any other results to follow such a course of medication but the above is not all the Blunders for when we look at it in a scientific light we be hold its errors and have often felt the trouth of the remarks of the eminent Dr. Todd who no doubt had be come thoroughly Disgusted with so much in consistency absurdity contradictions and falsehood when he declared that Medicine had never yet known the fertilizing influence of Inductive logic if it ever had been based upon anything like scientific Principles we certainly would have witnessed a better success following its administration which we never can reasonably expect untill the whole thing is "swept a way (in the language of Prof. Whiting) at once as with the Besom of Distruction" then men will be compelled to look after something more rashional and scientific for it is certainly Straing that rashional men should persist in following a course of practice (and that to in the light and face of science) which has carried Disease and Death through out the Land or in the language of the Immortal Rush "it has increased Disease and Multiplide their mortality" and Dr. Good of London still more Bold and honest says "they have Destroid more lives than war and Pestilence" which the mortality in our Present army Demonstrates beyound a doubt and will leave a stain on the Dissiples Paracelsus which will not be wiped out soon yet it will Perhaps have a Beneficial influence upon the minds of rising Posterity and cause them to flea the rath or Distruction to come upon them which has cursed their ancestors and left its sting in their vitals for the Parents have Eaton sower graps and the children's teath have be come set on edge for there is no fact which is beter Established in nature than that the child

will nurse the Impurities from the mother which is Demonstrated beyond a doubt in the Animal cration which is often killed by the Poison taken in the milk from cows and other animals which have taken Poison now in the face of the above facts what a fearful responsibility will rest upon the shoulders of those who will administer those life Destroying agents to mothers to sow the seeds of Disease and death in the vitals of a helpless infant though it may survive the Present effect it will ever after be more liable to Disease from the fact that its system may never recover from the shock which it has received while it is yet tender and no doubt thousands of helpless children are annually sacrificed while nursing in contemplating the evil consequences which have resulted from so unnatural and irrational a course what benevolent mind but must revolt at the Idea of giving or Dosing a mother with those Dileterious and life Destroying agents which has consigned thousands of lovely and tender females to an untimely grave while in a Puerperal State which might of survived to Bless their Posterity and been a living ornament to society if a more rashional and scientific course had been brought to Bare this we know from an extensive experience not from supposition but from Demonstrable facts which we stand ready to demonstrate at any time Now sir I do not right the above out of any animosity But do it hoping that you may conclude to open your Journal to free Discussion and let me expose its fallacies for the Benefit of its reader and future posterity if so I will continue my subscription if not it will be of no use to me or any one else be longing to a comon scence school so I remain yours truly,

_____, M. D.
_____, Ohio, June 18, 1864.

News and Miscellany.

Arrangement and Working of an Army Field Hospital.

Though somewhat lengthy, the following accounts of the arrangement and working of Army Field Hospitals in connection with Divisions of the Fifth and Ninth Army Corps, will be found interesting and useful to most of our readers, on account of their minuteness of detail, and the clearness of their description.

The first, which we find in the *Inquirer* of this city, was written by a medical officer of the Ninth Army Corps to a friend in this city.

"I will give you a sketch of the organization of a Division Hospital, and you may judge for yourself as to its completeness. Take as an example the hospital of the Second Division of the Ninth Corps.

This division contains thirteen regiments, comprising twelve thousand men. The medical staff consists of a Surgeon-in-Chief of Division—Dr. WESSER, Ninth New Hampshire. There are two brigades in the division, under Dr. CHRIST,

Forty-fifth Pennsylvania, and Dr. ROSS, Eleventh New Hampshire. All the regiments send their wounded and sick to the Division Hospital. Since the 5th of May, the organization has been as follows: With each regiment in the field one Assistant Surgeon is stationed, and the other medical officers of the regiment are at the Division Hospital. Two operating tables are established in the hospital, and the sick are under the charge of Assistant Surgeon GIBSON, Ninth New Hampshire. At one table, as operators, are stationed Dr. HARRIS, Seventh Rhode Island, Dr. BLISS, Fifty-first New York, and Dr. TRAFTON, Thirty-second Maine. The operators at the second table are Dr. COOPER, Sixth New Hampshire, Dr. BLACKWOOD, Forty-eighth Pennsylvania, and Dr. EDSON, Seventeenth Vermont. All the important operations are performed by the above-named surgeons, and they also attend to as many minor cases as their time will permit.

One Assistant Surgeon, Dr. PIERCE, Sixth New Hampshire, is Recorder, and he has a steward to aid him. Captain DOVE, Sixth New Hampshire, with an assistant, has charge of the Commissary Department; and to Chaplain LYFERT, Eleventh New Hampshire, is intrusted the duty of interring the dead. Those Assistant Surgeons who attend their respective regiments in the field are stationed about three hundred yards, or less, in rear of the line; and all the other Surgeons and their assistants are on duty at the Hospital. A corps of thirty-nine nurses is provided, all of them good and tried men; and in addition to this, there is a Pioneer and Construction Corps. These men have picks, shovels and axes, and they prepare good roads to the Hospital, bridging over streams, and making paths over swamps, or low places, for the easy carriage of the wounded. The situation of the Hospital is always chosen with reference to shade, good water and dry ground; and when no road runs to the place selected, the Pioneer Corps speedily prepares one, even to the clearing away of underbrush in woods, where this may be necessary.

On the arrival of the wounded, each man's name is entered in the register, and a white piece of bandage is tied in the patient's button-hole, to show that his name, rank, company, regiment and injury have all been recorded. Should an operation be required, it is performed immediately, if possible; but when several hundred are on hand, the worst cases are, of course, taken first. The medical officers who are not on the operating staff act as dressers, and the wounded are always attended to every morning, after breakfast. After severe engagements, as in the Wilderness, at Spottsylvania, and the Ny River, one, and sometimes both, the operating tables will be in use all night. A medical officer is on duty, with his nurses, at night, from 9 P. M. until midnight, when he is relieved by another, who attends till 3 A. M., and he in turn is followed by another who remains on duty till 6 A. M., when the whole department commences their duties for the day.

* * * * *

I find that I have not adverted to the ambulance train of the Division, which consists of

forty-two two-horse ambulances, under the charge of three lieutenants. Each ambulance has a lantern, beef tea in cans, bed-ticks, cups, spoons, and plates for six men, so that in case of detention the men cannot suffer. Two "medical wagons" are also provided. They open at the ends and sides, and contain every needed medicine and appliance in drawers, boxes and slides, so neatly fitted that there is no breakage. Two wagons additional are expected, and others to transport medicines in bulk for use in long marches during the campaign.

The foregoing is a simple narrative of facts, and the relatives and friends of our brave heroes may rely with confidence on the skill, the diligence and the humanity of the devoted band of medical officers who are enduring hardships in the field for their sakes. The medical records of our army, when contrasted with those of the French, the British, or other European forces, show incontestably how vastly superior in skill and attention to duty our surgeons have shown themselves, while the benevolent and Christian agencies that have come to their aid have never had a parallel in any age or any land.

The following is from the pen of an intelligent non-professional man—Rev. T. H. ROBINSON, of Harrisburg, Pa., and is taken from the *Harrisburg Telegraph*. He is writing of the 1st Division of the 5th Army Corps, of which W. R. DEWITT, jr., M. D. is Surgeon-in-Chief.

The 1st Brigade, 1st Division, is composed of ten regiments, with an average of two surgeons to a regiment. The 2d Brigade, 1st Division, has five regiments, two surgeons each. The 3d Brigade, 1st Division, has seven regiments, two surgeons to each regiment.

Total, twenty-two regiments in the Division and over forty surgeons.

Each regiment has also a hospital steward and a complement of nurses: one nurse to ten or twenty men. Each Brigade Surgeon has a medical supply wagon or travelling apothecary shop, and a certain number of ambulances; also supply wagons according to the number of men in the brigade. He is provided with a supply of kettles, blankets, provisions, and the various medical and sanitary stores needed. These wagons are required to be kept full of supplies for every emergency.

During permanent camp, the sick are taken care of in regimental hospitals, but on the eve of a campaign the Surgeon-in-chief organizes the Division hospital and becomes responsible to the medical director of the Corps for all that occurs in his Division.

He first recommends for appointment a Surgeon-in-charge, who takes the general charge of the hospital and is responsible to the Surgeon-in-chief of the Division. An Assistant Surgeon is appointed who is specially charged with the duty of preparing food and shelter for the sick and wounded of the Division. The entire culinary or kitchen department is under his control. For its supply he drives along with the hospital beeves for slaughter, cows for milk, has wagons laden with delicacies, and necessaries, canned fruits, milk, condensed beef for soups, corn-

starch, farina, &c. He is to be ready with these at any warning.

A surgeon is also appointed a recorder of the Division, whose duty is to keep an accurate record of all who are admitted to the hospital, taking the name, rank, regiment, wound, character of it, slight or serious, and by what kind of missile produced.

When, after a march, the hospital is camped for the night or to await a battle, the hospital tents are pitched in three rows to represent the three brigades of the division, each brigade being under the charge of the Surgeon-in-chief of the brigade. The camp is pitched in the form of a hollow square—the surgeons' tents on one side, the hospital tents on another, the kitchen on the third side, and near by it the provost guard and the pioneers, and on the fourth side are arranged the hospital wagons. In the centre of the square under a large tent are placed the operating tables where amputations are performed.

In locating a hospital the requisites are—1, pure water; 2, wood; 3, good ground, dry and even surface; also, if possible near a wood where boughs may be obtained for beds. In making beds for the sick and wounded, a layer of pine boughs is first spread on the ground, upon that the gum blankets of the soldier, and then the woolen blankets, using for the pillow anything that can be obtained. The shelter of hospital tents for the sick and wounded is much preferred to that of houses, on the score of healthiness.

Each brigade of the division has its own operating table in the centre of the hollow square. This table is under the charge of the chief surgeon of the brigade, who is held responsible for all operations performed. He has two assistant surgeons, making three to each table, also a steward to assist and to keep record of operations and to dispense medicines to the sick. There are also other stewards placed in charge of the sanitary stores and of the medical wagons, who are ready at all times to fill the prescriptions of the surgeons. They are required to keep on hand 1500 rations, stimulants and medicines enough to run the hospital four or five days, even in case of a heavy battle, and though entirely cut off from supplies.

This division hospital is kept in the rear of the army from one to four and five miles, according to circumstances. In addition to it there is also an outpost hospital, established on every field of battle in time of engagement. It is placed as near the fighting body as may be, in some sheltered spot if possible, behind a house, under a clump of trees, beside a spring or stream. To it wounded men, picked up by the stretcher-bearers on the field, are brought, the wound examined, temporarily dressed, hemorrhages of blood stopped, and then they are placed in ambulances that come up to this point, and borne back to the division hospital. Each man is sent to the brigade to which he belongs, the wound is at once re-examined, the slight ones attended to in tents, the more severe taken to the operating tables. No amputations are allowed on the field or in out-post hospitals. These

cases are decided in the division hospitals, consultations of the surgeons being held in cases of doubt.

In the 1st Division Hospital of the 5th Corps, with which I was permitted to spend several days on the march from Spottsylvania C. H. to the present position of the army, south of the Pamunky river, I was most highly gratified and even astonished with the order and success of its management. Everything seemed to be complete. The wounded were attended to with the greatest dispatch. The supplies, medical, sanitary and culinary, were abundant, and provided upon the shortest notice. The order of the hospital camp was most admirable. There was a full complement of surgeons, of stewards, of nurses and of chaplains, always in readiness to attend to the wounded. In a march within half an hour after the train stopped all the sick and wounded would be supplied with beef tea or some other nourishing food. In case of a battle, I was assured by the surgeon that if two hundred wounded were brought in their arrangements were so complete, that by eleven or twelve o'clock in the evening of the battle all the amputations would be performed, the wounds dressed, the wounded fed and put away to rest, and the camp quieted for a night's sleep. I looked on with admiration and thankfulness as I beheld the Corps of surgeons in charge of this 1st Division Hospital, with their assistant surgeons, chaplains, stewards and nurses, taking such rapid, considerate and successful care of the wounded men that were brought in from the field of battle. The surgeons-in-chief and in charge, Drs. DeWitt and Thomas, whose tent I was permitted to share most of the time, seem to be most admirably fitted for their responsible position, and to be unwearied in attention to their duties. They are supported by as gentlemanly and able a body of surgeons as it has ever been my privilege to meet. Most of the operations performed in the way of amputations, which I witnessed, were performed by Dr. KERR, of Allegheny city, and were performed with a readiness and skill, and, withal, with a tender regard to the poor sufferer, such as elicited my admiration and deep respect. There are doubtless cases of negligence and gross inattention to duty in most of our army hospitals, and, as a consequence, unnecessary suffering and death among our wounded and brave defenders; but it is an authenticated fact that never in the history of wars has so noble a medical and sanitary record been given to the world as in connection with the armies of the republic. Never before has the ratio of mortality been reduced to anything like that which is furnished by our armies. Never before were armies so cared for, nor wounded and sick men, and the dead so attended as they are this day in the army of the Union. I can speak only in terms of highest praise of that hospital with which I became most familiar while with the army—the hospitals of the 1st Division, 5th Corps—and if all others are like it, we may rest assured that our brave men will receive all the attention and care that men of great skill and kindness, aided by the resources of the Government, can afford them.

Army and Navy News.

Advance in Pay of Hospital Employees.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., June 15, 1864. }

[Circular Letter.]

By authority of the Hon. Secretary of War, on and after July 1, 1864, the pay and allowances of hospital employees will be as follows, viz:

1. Male nurses and cooks (white) twenty-four (\$24) dollars per month, and one ration per day.
2. Female nurses and cooks (white) sixty (60) cents per day, and one ration.
3. No clothing will be furnished, nor will any part of the monthly pay be retained.
4. All existing contracts will be annulled on July 1, prox.; the commutation value of clothing due will be paid, and new contracts entered upon at the rates above indicated.

Surgeons in charge of U. S. A. General Hospitals will not employ civilians as nurses (male or cooks (male or female), without the approval of Medical Directors.

The application for permission to employ such persons must, in every instance, set forth the absolute necessity for their services, and the fact that it is impossible to procure suitable enlisted men for this duty.

Female nurses will be appointed under the provision of General Order, No. 351, dated War Department, Adjutant General's Office, Washington, October 29, 1863.

By order of the Acting Surgeon-General.

C. H. CRANE, Surgeon, U. S. Army.

Chief Medical Purveyor of Louisville.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., June 22, 1864. }

[Circular Letter.]

Surgeon D. L. Magruder, U. S. Army, Medical Purveyor, Louisville, Kentucky, is hereby appointed *Chief Medical Purveyor* for the Military Departments of the Ohio, Cumberland, Tennessee, Arkansas, Missouri, Kansas, the Northern and Northwestern Departments.

All Medical Purveyors, and Medical Storekeepers acting as such, in the above named Departments, will transmit to Surgeon Magruder, on the last day of each month, certified invoices of Property remaining "on hand," and will obey such instructions and orders as he may deem proper to give them from time to time.

By order of the Surgeon-General.

C. H. CRANE, Surgeon, U. S. Army.

Pathological Specimens.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, D. C., June 24, 1864. }

[Circular Letter.]

Medical Officers in charge of Hospitals are directed diligently to collect and preserve for the Army Medical Museum all pathological surgical specimens which may occur in the hospitals under their charge.

The objects which it is desired to collect for the Museum may be thus enumerated:

- Fractures, compound and simple—fractures of the cranium.
- Excised portions of bone.
- Diseased bones and joints.
- Exfoliations, especially those occurring in *stumps*.
- Specimens illustrative of the structure of stumps (obliterated arteries, bulbous nerves, rounded bones, etc).
- Integumental wounds of entrance and of exit, from both the round and conoidal ball.
- Wounds of vessels and nerves.
- Vessels obtained subsequent to ligation and to secondary hemorrhage.
- Wounded viscera.

Photographic representations of extraordinary injuries, portraying the results of wounds, operations or peculiar amputations.

Models of novel surgical appliances, and photographic views of new plans of dressing.

Plaster casts of stumps of amputations, and models of limbs upon which excisions may have been performed.

It is not intended to impose on medical officers the labor of dissecting and preparing the specimens they may contribute to the Museum. This will be done under the superintendence of the Curator.

In forwarding such pathological objects as compound fractures, bony specimens and wet preparations generally, obtained after amputation, operation or cadaveric examination, all unnecessary soft parts should first be roughly removed. Every specimen should then be wrapped separately in a cloth, so as to preserve all spicules and fragments. A small block of wood should be attached, with the name of the patient, the number of the specimen, and the name of the medical officer sending it inscribed in lead pencil. The inscription will be uninjured by the contact of fluids. The preparation should be then immersed in diluted alcohol or whiskey, contained in a keg or small cask. When a sufficient number of objects shall have accumulated, the cask should be forwarded directly to the Surgeon-General's Office. The expenses of expressage will be defrayed in Washington. The receipt of the keg or package will be duly acknowledged by the Curator of the Museum.

In every instance, a corresponding list or history of the cases should, at the same time, be forwarded to this Office. In this list the number and nature of every specimen should be clearly specified, and, when possible, its history should be given. The numbers attached to the specimens themselves, and the numbers in the list forwarded, should always correspond, and should be accompanied by the name and rank of the medical officer by whom sent. Every specimen will be duly credited in the Catalogue to the medical officer contributing it.

Jos. K. BARNES, Acting Surgeon-General.

NOTE.—The following Medical Officers have been authorized to collect and forward specimens to the Museum from the localities in which they are respectively stationed:

Surgeon Lavington Quick, U. S. V., Baltimore.

Acting Asst Surgeon George Shrady, U. S. A., New York.

Surgeon William Clendenin, U. S. V., Nashville.

Acting Asst Surgeon L. K. Baldwin, U. S. A., Philadelphia.

Surgeon M. Goldsmith, U. S. V., Louisville.

Asst Surgeon P. S. Connor, U. S. A., New Orleans.

Surgeon C. J. Kipp, U. S. V., Indianapolis.

To the Medical Officer in charge

..... U. S. A. General Hospital,

Order Respecting Closing up of General Hospitals.

SURGEON-GENERAL'S OFFICE, }
WASHINGTON, D. C., June 27, 1864. }

[Circular Letter.]

Whenever a General Hospital is discontinued, the Medical Officer in charge will be instructed by the Medical Director of the Department to forward to the Surgeon-General's Office full reports of Wounded, Surgical Operations, Secondary Hemorrhage, Tetanus and Pyæmia, for the period of time elapsing between the last quarterly report and the date of discontinuance of the Hospital.

In the Reports of Wounded, and of Surgical Operations, special care should be observed to furnish the results of those cases "remaining under treatment" at the date of the last quarterly report. A list of such cases can be obtained on application at the Surgeon-General's Office.

By order of the Acting Surgeon-General.

C. H. CHANEY, Surgeon, U. S. A.

To

Medical Director,

Appointments.

Dr. Nelson S. Drake, of New York, to be Asst Surgeon of Volunteers.

Discharges, Dismissals, &c.

Surgeon George A. Otis, 27th Mass. Vols., honorably discharged on tender of resignation.

Hospital Steward J. M. Johnston, U. S. A., honorably discharged to accept commission as Lieutenant 180th Penn'a Cavalry.

Asst Surgeon S. Compton Smith, 8th Alabama Cavalry "for habitual drunkenness while on duty, and for leaving his command and abandoning the sick and wounded men of his regiment, while on active campaign and in the face of the enemy," is dismissed with forfeiture of all pay and allowances.

Hospital Steward T. J. McMillan, 15th Regiment V. R. C., honorably discharged to accept appointment as Acting Asst Surgeon, U. S. A.

Medical Cadet Samuel Holman, U. S. A., honorably discharged to accept a position in the U. S. Navy.

Asst Surgeon George S. Engler, 6th Penn'a Cavalry, honorably discharged, having tendered his resignation on account of physical disability.

Asst Surgeon J. B. Green, 5th Rhode Island Artillery, dismissed for absence without leave.

Leaves of Absence.

Surgeon J. B. G. Baxter, U. S. V., extension of forty days.
Chaplain M. J. Gonzales, U. S. A., extension of fifteen days.
Asst Surgeon L. D. Sheets, U. S. V., for fourteen days.

Resignations.

Chaplain Charles W. Hensley, U. S. A., to take effect June 25th, 1864.

Chaplain John Vahey, U. S. A., to take effect June 30th, 1864.

Orders.

Asst Surgeon C. E. Goddard, U. S. A., is relieved from duty in the Department of the South, and will report to the Commanding Officer, Fort Delaware, Del.

Asst Surgeon H. E. Silliman, U. S. A., is relieved from duty at Fort Delaware, Del., and will report to the Commanding General, Department of the South.

Surgeon A. H. Thurston, U. S. V., is relieved from duty in the Department of Washington, and will report to the Commanding General, Department of the East.

Asst Surgeon Nelson S. Drake, U. S. A., will report to the Commanding General, Army of the Potomac.

Surgeon D. P. Smith, U. S. V., is relieved from duty in the Department of Washington, and will report in person to Surgeon C. McDougall, U. S. A., Medical Director, Dep't of the East, for duty in charge of the Hospital Transport Atlantic or Baltic.

Surgeon R. K. Smith, U. S. V., is relieved from duty in the Dep't of the Gulf, and will report to the Commanding General, Dep't of Virginia and North Carolina.

Asst Surgeon D. W. Onderdonk, 1st Maryland Cavalry, is relieved from his present duties, and will join his regiment without delay.

Miscellaneous.

Asst Surgeon C. F. Briabane, U. S. V., is on leave at New Providence, N. J.

The muster out of Asst Surgeon John M. Kollock, 118th Penn'a Vols., has been revoked, there being no vacancy in the regiment to which he was promoted.

Assignments.

Surgeon A. M. Clark, U. S. V., as Surgeon in Chief 3d Division, 10th Corps.

Hospital Stewards William Palmer, A. T. Poole and E. S. McCleary, U. S. A., to duty in the Office of the Surgeon-General.

Asst Surgeon Wm. Carroll, U. S. V., to the hospital of the Sixth Army Corps, City Point, Va.

Act'g Asst Surgeon R. Wirth, U. S. A., as Surgeon in Charge, Joe Holt Hospital, Jeffersonville, Ind.

Surgeon A. M. Spear, U. S. V., as Surgeon in Charge of General Hospital, Covington, Ky.

Asst Surgeon Theodore Artaud, U. S. V., to 1st Division General Hospital, Alexandria, Va.

Surgeon A. C. Benedict, U. S. V., to hospital transport Thomas Morgan.

Surgeon A. M. Wilder, U. S. V., as Medical Inspector, Army of the Ohio.

Asst Surgeon A. B. Chapin, U. S. V., to the hospital of the 10th Army Corps.

Surgeon Charles O'Leary, U. S. V., to inspect the operation of the different Boards of Enrolment in Pennsylvania.

Regular Naval Orders.

Surgeon Philip Landdale's orders to the Canandaigua revoked, and ordered to take passage for New Orleans, for duty on the Hartford.

Surgeon John G. Taylor, detached from the Onelda and ordered North.

Surgeon John J. Gibson, detached from the Hartford and ordered to the Onelda.

Asst Surgeon Samuel G. Webber, detached from the Chime and ordered to take passage to Charleston, for duty on the Nahant.

Surgeon William T. Hood, ordered to duty connected with recruiting in New Jersey.

Volunteer Naval List.

Act'g Asst Surgeon John Flynn, detached from the Nightingale and waiting orders.

W. J. Simon, appointed Act'g Asst Surgeon and waiting orders.

Stephen Cushing, appointed Act'g Asst Surgeon, and ordered to the Receiving Ship "Ohio," at Boston, Mass.

Foster Thayer, appointed Act'g Asst Surgeon, and ordered to the Receiving Ship "Ohio," at Boston, Mass.

ANSWERS TO CORRESPONDENTS.

Correspondents will please bear in mind that it is just now exceedingly difficult to get some kinds of work done, and much delay is sometimes caused thereby in filling orders. *Everything is at maximum prices.* Many books are out of print, and publishers are not issuing many new works or editions. Foreign books had better not be ordered.

Dr. J. E. McG., Pa.—Trotter on Diseases of the Ear, and Turnbull on Nervous Deafness, were mailed to you on the 27th June.

Dr. A. M. Iowa.—Parker on Syphilitic Diseases was mailed to you on the 27th June.

Dr. E. J. P. Pa.—Parrish's Pharmacy was mailed to you on the 29th June.

Dr. A. L. C. Pa.—Slade on Diphtheria, was mailed to you on the 29th June.

Dr. H. C. A. Mich.—Bird on Urinary Deposits was mailed to you on the 2d July.

Dr. H. M. S. N. J.—Parrish's Pharmacy and Cazeaux's Midwifery, were sent to you by Express on 6th July.

Dr. T. P. N. J.—Da Costa's Medical Diagnosis was sent to your address, as ordered.

Dr. W. H. M. Pa.—We have forwarded as directed, Da Costa's Medical Diagnosis, Failer on Rheumatism, and Bennett's Clinical Lectures.

Dr. J. S. Pa.—We have sent you two sets of the Epitome of Brathwaite's Retrospect as directed.

Dr. W. C. A. Pa.—Your bound volumes of the REPORTER were forwarded by Express.

MARRIED.

BROWNELL-KISSAM.—June 29, 1864, at Glengarry, Torondale, Pennsylvania, by the Rt. Rev. Bishop Alonso Potter, Henry Tudor Brownell, of Hartford, and Gertrude, daughter of the late Richard S. Kissam, M. D., of New York.

IRWIN-STARR.—At St. John's church, Quincy, Ill., on the 29th ult., by Rev. H. N. Strong, D.D., B. J. D. Irwin, Surgeon in the U. S. A., and Miss Nettie E., only daughter of D. Stahl, Surgeon 7th Illinois Cavalry.

PERCY-ORR.—In Litchfield, Me., June 16th, by Rev. David Thurston, Capt. E. D. Percy, U. S. N., and Sarah Orr, only daughter of Dr. William Cochran of L.

ROBERTS-FIFE.—On the evening of May 26th, by Rev. J. B. Dales, D.D., Dr. J. Roberts and Sallie A., daughter of M. Fife, Esq., all of this city.—No cards.

DIED.

BLAKE.—At Mt. Vernon, N. Y., on Wednesday, June 29th, Caroline A., wife of Dr. Thomas Blake.

BLANKMAN.—In New York, on Wednesday morning, June 29th, Ida Elizabeth Blankman, daughter of Dr. William and Elizabeth F. Blankman, aged 5 years, 2 months, and 20 days.

LIPPINCOTT.—On July 2d, at Fallsington, Bucks county, Pa., of pulmonary consumption, Henry, son of Henry Lippincott, M. D.

STILLWELL.—On Friday afternoon, June 24th, 1864, at his residence in Bayonne, Hudson county, N. J., the Rev. A. L. Stillwell, son-in-law of Dr. Wm. Johnson, of White House, N. J., in the 37th year of his age. Mr. S. died of pleuropneumonia, after an illness of ten days. His confidence in the precious Saviour was strong in death.

WHITING.—In Washington, D. C., on Friday, June 24th, in his 31st year, of congestion of the brain, Capt De Gano Whiting, A. Q. M., son of J. L. Whiting, M. D., of Detroit, Mich.

METEOROLOGY.

June	27.	28.	29.	30.	J. 1.	2.	3.
Wind.....	W.	N. W.	S. W.	S. W.	S. W.	W.	W.
Weather....	Clear.	Clear.	Clear.	Clear.	Cl'dy, Rain, Th'dr, Li'ng 8-10	Cl'dy, Sh'er, Th'dr, Li'ng 5-10	Clear.
Depth Rain...							
Thermometer							
Minimum.....	64°	53°	55°	58°	60°	64°	64°
At 8 A. M.....	81	67	68	68	72	73	73
At 12 M.....	88	74	78	73	81	80	79
At 5 P. M.....	80	75	78	74	76	74	82
Mean.....	78.1	67.1	69.5	70.3	72.1	72.2	74.8
Barometer.							
At 12 M.....	29.9	30.3	30.3	30.1	30.0	2.96	29.9
Germantown, Pa.				B. J. LEEDOM.			

MORTALITY.

	Philadelphia. Week ending July 2.	New York. Week ending July 4.	Baltimore. Week ending July 4.	Boston. Week ending July 2.	Providence. Month of June 8.
Pop'l'n, (estimated.)	620,000	1,000,000	240,000	180,000	52,000
Mortality.					
Male	243	67	61	43	46
Female	239	68	55	48	43
Adults	172	174	46	44	43
Under 15 years.....	263	240	87	61	41
Under 2 years.....	211	162	68	47*	28
Total.....	409	482	135	106	89
Deaths in 100,000.....	65.44	42.60	56.25	58.88	176.15
American.....	348	271	...	82	75
Foreign.....	75	155	...	24	14
Negro.....	16	...	9	1	2
ZYMOTIC DISEASES.					
Cholera, Asiatic.....	...	...	...	...	...
Cholera Infantum.....	56	15	28	5	...
Cholera Morbus.....	3	...	2	...	...
Croup.....	8	11	2	5	3
Diarrhoea.....	12	16	1	3	...
Diphtheria.....	6	16	...	3	5
Dysentery.....	10	5	1	1	...
Erysipelas.....	2	4	...	1	3
Fever, Intermittent.....	1	1	...	...	...
Fever, Remittent.....	...	1	...	...	...
Fever, Scarlet.....	4	10	3	4	14
Fever, Typhoid.....	17	17	4	2	2
Fever, Typhus.....	3	4	...	...	1
Fever, Yellow.....	...	...	...	...	...
Hooping-cough.....	1	9	1	...	3
Influenza.....	...	...	...	...	...
Measles.....	1	4	6	7	1
Small Pox.....	2	4	1	...	...
Syphilis.....	1	...	...	...	...
Thrush.....	...	...	...	...	...
SPORADIC DISEASES.					
Albuminuria.....	...	5	...	1	...
Apoplexy.....	3	8	...	1	2
Consumption.....	41	58	8	10	13
Convulsions.....	33	22	3	5	1
Dropsy.....	7	5	4	3	...
Gun-shot Wounds.....	16	...	...	...	...
Intemperance.....	1	4	...	1	...
Marasmus.....	17	27	...	...	1
Pneumonia.....	9	1	1	5	1
Febrile Fever.....	1	24	...	...	6
Scrofula.....	2	...	...	...	...
Sun Stroke.....	4	...	...	2	...
Violence and Acc'ts	14	27	5	5	3

* Under 5 years.

WANTED.

Subscribers having any of the following numbers to spare, will confer a favor, and likewise be credited on their running subscriptions, with such as they may return us.

Vols. I, II, III & IV. All the numbers.

Vol. V. No. 1, Oct. 6, '60; No. 19, Feb. 9, '61.

" VI. Nos. 18, 19, Aug. 3, 10, '61.

" VII. Nos. 1, 2, 6, Oct. 5, 12, Nov. 2, '61; Nos. 10 to 12, Dec. 7, '61, to March 8, '63.

" VIII. Nos. 17, 18, 19, 22, 23, July 26, Aug. 2, 9, 30, Sept. 6, '62.

" IX. Nos. 6, 7, 8, 13 & 14, 17 & 18, Nov. 8, 15, 22, '62, Dec. 27, '62 & Jan. 3, '63, Jan. 24 & 31, '63.

" XI. Nos. 1, 3, 4, 5, 7, 11, 21, Jan. 2, 16, 23, 30, Feb. 13, March 12, May 21, '64.